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| Fill in this information to identify your case: |                                 |                                    |
|---|---------------------------------|------------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                    |
| NORTHERN DISTRICT OF ILLINOIS                   | _                               |                                    |
| Case number (if known)                          | _ Chapter you are filing under: |                                    |
|   | ☐ Chapter 7                     |                                    |
|   | ☐ Chapter 11                    |                                    |
|   | ☐ Chapter 12                    |                                    |
|   | Chapter 13                      | Check if this is an amended filing |

### Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

04/20

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Identify Yourself   |  |   |   |  |  |  |
|----|---|--|---|---|--|--|--|
|    |   | About Debtor 1:                                  |   | About Debtor 2 (Spouse Only in a Joint Case): |  |  |  |
| 1. | Your full name  |  |   |   |  |  |  |
|    | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). | Susan<br>First name                              |   | First name                                    |  |  |  |
|    |   | Middle name                                      | _ | Middle name                                   |  |  |  |
|    | Bring your picture identification to your meeting with the trustee.   | Porter  Last name and Suffix (Sr., Jr., II, III) |   | Last name and Suffix (Sr., Jr., II, III)      |  |  |  |
| 2. | All other names you have used in the last 8 years   |  |   |   |  |  |  |
|    | Include your married or maiden names.   |  |   |   |  |  |  |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)         | xxx-xx-4594                                      |   |   |  |  |  |

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Debtor 1 Susan Porter Case number (if known)

|    |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |
|----|---|---|--|--|--|
| 1. | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years | ■ I have not used any business name or EINs.  | ☐ I have not used any business name or EINs.   |  |  |
|    | Include trade names and doing business as names   | Business name(s)  | Business name(s)   |  |  |
|    |   | EIN   | EIN  |  |  |
| 5. | Where you live  | 8390 Dunmore Dr.  | If Debtor 2 lives at a different address:  |  |  |
|    |   | Tinley Park, IL 60487  Number, Street, City, State & ZIP Code   | Number, Street, City, State & ZIP Code   |  |  |
|    |   | Will County   | County   |  |  |
|    |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |  |
|    |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |  |  |
| 6. | Why you are choosing this district to file for bankruptcy   | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                    | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.           |  |  |
|    |   | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)   | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)  |  |  |
|    |   |   |  |  |  |

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Debtor 1 Case number (if known) Susan Porter Part 2: Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for ☐ No. bankruptcy within the last 8 years? Yes. District **ILND** When 3/18/20 Case number 20-7752 District When Case number District When Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Debtor Relationship to you District When Case number, if known Relationship to you Debtor When Case number, if known District Do you rent your Go to line 12. No. residence? ☐ Yes. Has your landlord obtained an eviction judgment against you? No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of this bankruptcy petition.

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| oprietor<br>t-time                                | nesses Y<br>■ No.<br>□ Yes.  | Go to  | Part 4.                |   |   |  |
|---|--|--|------------------------|---|---|--|
| oprietor t-time [ iip is a ate as s not a ty such | ■ No.  | Go to  | Part 4.                |   |   |  |
| t-time [nip is a ate as is not a aty such         | _  | Name   |                        | siness  |   |  |
| nip is a<br>ate as<br>is not a<br>ty such         | □ Yes.   |  | and location of bus    | iness   |   |  |
| ate as<br>s not a<br>ty such                      |  | Name   |                        |   |   |  |
|   |  |  | of business, if any    |   |   |  |
| nan one<br>, use a<br>d attach                    |  | Numb   | er, Street, City, Stat | te & ZIP Code   |   |  |
|   |  | Chec   | k the appropriate box  | x to describe your business:  |   |  |
|   |  |  | Health Care Busin      | ness (as defined in 11 U.S.C. § 101(27A))   |   |  |
|   |  |  | Single Asset Real      | Estate (as defined in 11 U.S.C. § 101(51B))   |   |  |
|   |  |  | Stockbroker (as de     | efined in 11 U.S.C. § 101(53A))   |   |  |
|   |  |  | Commodity Broke        | er (as defined in 11 U.S.C. § 101(6))   |   |  |
|   |  |  | None of the above      | e   |   |  |
| , <b>and</b> y<br><b>usiness</b> o                | If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  |  |                        |   |   |  |
| small   | No.  | I am r   | not filing under Chap  | oter 11.  |   |  |
| ee 11   | □ No.  |  |                        | 11, but I am NOT a small business debtor according to the definition in the Bankr   | uptcy   |  |
| Γ   | ☐ Yes.   |  |                        |   | de, and   |  |
|   | ☐ Yes.   |  |                        |   | and I   |  |
| ı Own or H  | ave Any  | Hazardo  | ous Property or Any    | y Property That Needs Immediate Attention   |   |  |
| ve any  | No   |  |                        |   |   |  |
| es or is  |  |  |                        |   |   |  |
| d to  |  | What is  | the hazard?            |   |   |  |
| afety?<br>ly<br>ds                                |  |  |                        |   |   |  |
| ou own<br>or<br>be fed,<br>eeds                   |  | Where is   | s the property?        | Number, Street, City, State & Zip Code  |   |  |
|   | der // And // An | der If you are proceed u you are chusiness ras Small lee 11 No.  Yes.  Yes.  Own or Have Any ve any les or is threat Yes.  d to afety? yy dis on?  ou own or be fed, | der                    | Check the appropriate both   Check the appropriate both   Health Care Busin   Single Asset Real   Stockbroker (as described   None of the above   None of the above | Use a lattach   Check the appropriate box to describe your business:   Health Care Business (as defined in 11 U.S.C. § 101(27A))   Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))   Stockbroker (as defined in 11 U.S.C. § 101(63A))   Commodity Broker (as defined in 11 U.S.C. § 101(63A))   None of the above |  |

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Debtor 1 Susan Porter Case number (if known)

\_\_\_\_

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Den | Susan Porter  |  |  |  | Case number                                     | (II KIIOWII)  |  |  |  |  |
|-----|---|--|--|--|---|---|--|--|--|--|
| Par | 6: Answer These Quest   | ions for R   | eporting Purposes  |  |   |   |  |  |  |  |
| 16. | What kind of debts do you have?   | 16a.   | Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  ☐ No. Go to line 16b.  ☐ Yes. Go to line 17. |  |   |   |  |  |  |  |
|     |   | 16b.   |  | ness debts? Busin                              | ess debts are debts th                          | nat you incurred to obtain  |  |  |  |  |
|     |   | 100.   | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.                                       |  |   |   |  |  |  |  |
|     |   |  | ☐ No. Go to line 16c.  |  |   |   |  |  |  |  |
|     |   |  | ☐ Yes. Go to line 17.  |  |   |   |  |  |  |  |
|     |   | 16c.   | State the type of debts you owe  | that are not consur                            | ner debts or business                           | s debts   |  |  |  |  |
| 17. | Are you filing under Chapter 7?   | ■ No.  | I am not filing under Chapter 7.   | Go to line 18.                                 |   |   |  |  |  |  |
|     | Do you estimate that after any exempt property is excluded and                          | ☐ Yes.   | I am filing under Chapter 7. Do are paid that funds will be available.   |  |   | rty is excluded and administrative expenses   |  |  |  |  |
|     | administrative expenses   |  | □No  |  |   |   |  |  |  |  |
|     | are paid that funds will<br>be available for<br>distribution to unsecured<br>creditors? |  | ☐ Yes  |  |   |   |  |  |  |  |
| 18. |   | <b>1</b> -49   |  | <b>1</b> ,000-5,000                            |   | <b>2</b> 5,001-50,000   |  |  |  |  |
|     | you estimate that you owe?  | □ 50-99  |  | ☐ 5001-10,000                                  |   | ☐ 50,001-100,000  |  |  |  |  |
|     |   | ☐ 100-1<br>☐ 200-9   |  | □ 10,001-25,0                                  | 00  | ☐ More than100,000  |  |  |  |  |
| 19. | How much do you   | □ \$0 - \$50,000 □ \$1,0   |  |  | - \$10 million                                  |   |  |  |  |  |
|     | estimate your assets to be worth?   |  | 01 - \$100,000   | □ \$10,000,001                                 |   | □ \$1,000,000,001 - \$10 billion  |  |  |  |  |
|     |   |  | 001 - \$500,000<br>001 - \$1 million   | □ \$50,000,001<br>□ \$100,000,00               | - \$100 million<br>01 - \$500 million           | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion                           |  |  |  |  |
| 20. | How much do you   | □ \$0 - \$   | 50,000   | □ \$1,000,001 ·                                | - \$10 million                                  | ☐ \$500,000,001 - \$1 billion   |  |  |  |  |
|     | estimate your liabilities to be?  |  | 01 - \$100,000   | □ \$10,000,001                                 |   | □ \$1,000,000,001 - \$10 billion  |  |  |  |  |
|     |   |  | 001 - \$500,000<br>001 - \$1 million   |  | 50,000,001 - \$100 million                      |   |  |  |  |  |
| Par | :7: Sign Below  |  |  |  |   |   |  |  |  |  |
| For | you   | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.   |  |  |   |   |  |  |  |  |
|     |   |  |  |  |   | under Chapter 7, 11,12, or 13 of title 11, cose to proceed under Chapter 7.         |  |  |  |  |
|     |   | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). |  |  |   |   |  |  |  |  |
|     |   | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.   |  |  |   |   |  |  |  |  |
|     |   | bankrupto<br>and 3571  | cy case can result in fines up to S  | oncealing property, o<br>\$250,000, or impriso | or obtaining money or<br>onment for up to 20 ye | property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519, |  |  |  |  |
|     |   | Susan F  |  |  | Signature of Debtor                             | 2   |  |  |  |  |
|     |   | Executed   | on <b>October 9, 2021</b>  |  | Executed on                                     |   |  |  |  |  |
|     |   |  | MM / DD / YYYY   |  | MM /  | DD / YYYY   |  |  |  |  |

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Debtor 1 Susan Porter Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Joshua Martin                      | Date          | October 9, 2021           |
|--|---------------|---------------------------|
| Signature of Attorney for Debtor       |               | MM / DD / YYYY            |
|  |               |                           |
| Joshua Martin                          |               |                           |
| Printed name                           |               |                           |
| Citizens Law Group, Ltd.               |               |                           |
| Firm name                              |               |                           |
| 3069 W. Armitage                       |               |                           |
| Chicago, IL 60647                      |               |                           |
| Number, Street, City, State & ZIP Code |               |                           |
| Contact phone 312-361-3833             | Email address | josh@citizenslawgroup.com |
| 6283465 IL                             |               |                           |
| Bar number & State                     |               | <del></del>               |

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|                     |                          | Dogarric          | nic rago o or i |                                   |
|---------------------|--------------------------|-------------------|-----------------|-----------------------------------|
| Fill in this infor  | rmation to identify your | case:             |                 |                                   |
| Debtor 1            | Susan Porter             |                   |                 |                                   |
|                     | First Name               | Middle Name       | Last Name       |                                   |
| Debtor 2            |                          |                   |                 |                                   |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name       |                                   |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS     |                                   |
| Case number         |                          |                   |                 |                                   |
| (if known)          |                          |                   |                 | ☐ Check if this is amended filing |

### Official Form 106Sum

### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|     |  | Your a      | assets<br>of what you own       |
|-----|--|-------------|---------------------------------|
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$          | 330,000.00                      |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$          | 20,620.00                       |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$          | 350,620.00                      |
| Paı | t 2: Summarize Your Liabilities  |             |                                 |
|     |  |             | <b>iabilities</b><br>nt you owe |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$          | 294,666.52                      |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$          | 0.00                            |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$          | 0.00                            |
|     | Your total liabilities   | \$          | 294,666.52                      |
| Paı | t 3: Summarize Your Income and Expenses  |             |                                 |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$          | 5,947.86                        |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$          | 4,115.00                        |
| Pai | t 4: Answer These Questions for Administrative and Statistical Records   |             |                                 |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                   | ır other sc | hedules.                        |
|     | ■ Yes  |             |                                 |

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Susan Porter Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 8,046.54

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total cla | im   |
|--|-----------|------|
| From Part 4 on Schedule E/F, copy the following:   |           |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$        | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$        | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$        | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$        | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$        | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$       | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$        | 0.00 |

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|        |  |              |                | Doc       | ument  | Page 10 of 46   |                  |                     |   |
|--------|--|--------------|----------------|-----------|--|---|------------------|---------------------|---|
| Fill i | n this information to i  | dentify yo   | ur case and th | is filing | g:   |   |                  |                     |   |
| Debt   | or 1 Susan   | Porter       |                |           |  |   |                  |                     |   |
|        | First Nam  |              | Middle         | Name      |  | Last Name   |                  |                     |   |
| Debt   | or 2<br>se, if filing) First Nam   | Δ            | Middle         | Name      |  | Last Name   |                  |                     |   |
|        | -  |              |                |           |  |   |                  |                     |   |
| Unite  | ed States Bankruptcy C   | ourt for the | : NORTHER      | N DIST    | RICT OF ILL  | INOIS   |                  |                     |   |
| Case   | number   |              |                |           |  | <u> </u>  |                  |                     | ☐ Check if this is an                                     |
|        |  |              |                |           |  |   |                  |                     | amended filing  |
|        |  |              |                |           |  |   |                  |                     |   |
| Off    | icial Form 10  | 6A/B         |                |           |  |   |                  |                     |   |
| Sc     | hedule A/B   | : Pro        | pertv          |           |  |   |                  |                     | 12/15   |
|        |  |              | <u> </u>       | an asset  | only once If   | an asset fits in more than one  | category lis     | t the asset in      |   |
|        | you own or have any leg No. Go to Part 2.  Yes. Where is the propert  8390 Dunmore Dr.  Street address, if available, or | y?           |                |           | is the proper  |   |                  |                     | nims or exemptions. Put<br>d claims on <i>Schedule D:</i> |
|        | Officer address, if available, of officer description  |              |                |           | Condominium or cooperative                                       | n or cooperative  | Creditors V      | Vho Have Clair      | ns Secured by Property.                                   |
|        | Tiploy Dorle   | IL 6         | 00407.0000     |           | Manufactured or mobile home                                      |   | Current va       |                     | Current value of the                                      |
| -      | Tinley Park  City  | State        | ZIP Code       |           | Land<br>Investment p   | roporty   | entire prop      | perty?<br>30,000.00 | portion you own?<br>\$330,000.00                          |
|        | City   | State        | ZIF Code       |           | Timeshare  | торену  |                  |                     | · · · · · · · · · · · · · · · · · · ·                     |
|        |  |              | Other          |           |  | Describe the nature of your ownership inter-<br>(such as fee simple, tenancy by the entiretie |                  |                     |   |
|        |  |              |                |           |  | st in the property? Check one   | a life estat     | ate), if known.     |   |
|        | Cook   |              |                | _         | Debtor 1 only  |   |                  |                     |   |
|        | County   |              |                |           |  | /<br>  Debtor 2 only  |                  |                     |   |
| _      | County   |              |                |           |  | of the debtors and another  |                  | c if this is com    | munity property   |
| -      |  |              |                |           | Other information you wish to add about this item, such as local |   |                  |                     |   |
| -      |  |              |                |           | -  |   | ,                | Cui                 |   |
| -      |  |              |                | prope     | erty identificat   | tion number:  | , ວິພິວາ. ພິວ າວ | cui                 |   |
|        |  |              |                | prope     | -  | tion number:  |                  |                     |   |
|        |  |              |                | prope     | erty identificat   | tion number:  |                  |                     |   |

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Page 11 of 46 Document Debtor 1 Case number (if known) Susan Porter 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Ford Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: **Escape** Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2017 Year: Debtor 2 only Current value of the Current value of the 60000 Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another \$10,650.00 \$10,650.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$10.650.00 .pages you have attached for Part 2. Write that number here......>> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... Used Household goods and furniture \$500.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... **Used Electronics** \$150.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... Examples: Pistols, rifles, shotguns, ammunition, and related equipment Nο

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Desc Main

Case 21-11575

Doc 1

Filed 10/10/21

| Debtor 1  | Case 21-11575 Susan Porter               | 5 Doc 1           | Filed 10/10/21<br>Document | Entered 10/10/21 08:57:33<br>Page 12 of 46<br>Case number (if known) | Desc Main   |
|---|--|-------------------|----------------------------|--|---|
| _   | Describe                                 |                   |                            |  |   |
| 11. Clothe  Examp                                   |  | urs, leather coat | s, designer wear, shoes    | s, accessories   |   |
|   | Used                                     | Clothes           |                            |  | \$1,000.00  |
| □ No  |  | ostume jewelry,   | engagement rings, wed      | lding rings, heirloom jewelry, watches, gems, o                      | gold, silver  |
|   | Cost                                     | ume Jewelry       |                            |  | \$50.00   |
| Examp No Yes.  14. Any ot No Yes.  15. Add t for Pa | Give specific information                | ehold items yo    | rom Part 3, including a    |  | \$1,700.00  Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ■ No □ Yes  17. Deposi                              | its of money<br>bles: Checking, savings, | or other financia | al accounts; certificates  | of deposit; shares in credit unions, brokerage                       | on  |
| □ No  |  | ave multiple act  | counts with the same ins   |  |   |
| ■ Yes   |  |                   | Institution                | iame.  |   |
|   | 17.1.                                    | Checking          | Discover                   |  | \$500.00  |
|   | 17.2.                                    | Savings           | Discover                   |  | \$50.00   |
|   | 17.3.                                    | Checking          | Captial C                  | ne   | \$20.00   |
|   | 17 4                                     | Checking          | Chase Ba                   | ank  | \$700.00  |

Official Form 106A/B Schedule A/B: Property

page 3

Case 21-11575 Doc 1 Filed 10/10/21 Entered 10/10/21 08:57:33 Desc Main Page 13 of 46 Document Debtor 1 Case number (if known) Susan Porter 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans Yes. List each account separately. Type of account: Institution name: \$7,000.00 401(k) 401 Thorugh employment 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No ☐ Yes. Give specific information about them... Current value of the Money or property owed to you?

Official Form 106A/B Schedule A/B: Property page 4

portion you own?
Do not deduct secured claims or exemptions.

|     |                        | Case 21-1                                       | 1575        | Doc 1                       | Filed 10/10/21<br>Document                         | Entered 10/10/21 08:57:33<br>Page 14 of 46     | Desc Main                  |
|-----|------------------------|---|-------------|-----------------------------|--|--|----------------------------|
| De  | ebtor 1                | Susan Porter                                    |             |                             |  | Case number (if known)                         |                            |
| 28. | _                      | funds owed to yo                                | u           |                             |  |  |                            |
|     | ■ No<br>□ Yes.         | Give specific inform                            | mation at   | oout them, inc              | cluding whether you alre                           | eady filed the returns and the tax years       |                            |
| 29. |                        | <i>r</i> <b>support</b><br>ples: Past due or lu | ımp sum     | alimony, spo                | usal support, child supp                           | ort, maintenance, divorce settlement, property | settlement                 |
|     | ■ No                   | Give specific inform                            |             |                             |  | , , , , , , , , , , , , , , , , , , ,          |                            |
|     | <b>□</b> 163.          | Give specific infor                             | nation      | ••                          |  |  |                            |
| 30. |                        |   | s, disabili | ty insurance                | payments, disability ben<br>someone else           | nefits, sick pay, vacation pay, workers' compe | nsation, Social Security   |
|     | _                      | Give specific infor                             | mation      |                             |  |  |                            |
| 31. |                        | sts in insurance poples: Health, disabi         |             | e insurance; ł              | nealth savings account (                           | HSA); credit, homeowner's, or renter's insurar | nce                        |
|     | ■ Yes.                 | Name the insurance                              |             | any of each p<br>pany name: | olicy and list its value.                          | Beneficiary:                                   | Surrender or refund value: |
|     |                        |   | Life        | Insurance                   | through employer                                   | Daughter                                       | \$0.00                     |
| 33. | Exam <sub>i</sub> ■ No |   | ploymen     |                             | you have filed a lawsu<br>surance claims, or right | it or made a demand for payment<br>s to sue    |                            |
| 34  |                        |   |             | ed claims of                | every nature, includin                             | g counterclaims of the debtor and rights to    | set off claims             |
|     | ■ No                   | Describe each cla                               | ·           |                             | ,  | <b>33</b>                                      |                            |
| 35. | Any fir                | nancial assets you                              | ı did not   | already list                |  |  |                            |
|     | ■ No<br>□ Yes.         | Give specific infor                             | mation      |                             |  |  |                            |
| 36  |                        |   | •           |                             | om Part 4, including a                             | ny entries for pages you have attached         | \$8,270.00                 |
| Pa  | rt 5: De               | escribe Any Busines                             | s-Related   | Property You                | Own or Have an Interest                            | In. List any real estate in Part 1.            |                            |
|     | •                      | , ,   | al or equi  | table interest              | in any business-related p                          | roperty?                                       |                            |
|     |                        | o to Part 6.                                    |             |                             |  |  |                            |
|     | ☐ Yes. (               | Go to line 38.                                  |             |                             |  |  |                            |
| Pa  |                        | escribe Any Farm- an<br>you own or have an in   |             |                             | Related Property You Own Part 1.                   | n or Have an Interest In.                      |                            |
| 46. | ■ No.                  | u own or have any Go to Part 7. Go to line 47.  | legal or    | equitable ir                | nterest in any farm- or                            | commercial fishing-related property?           |                            |
|     |                        |   |             |                             |  |  |                            |

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Debtor 1 Susan Porter Case number (if known)

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ..... \$0.00 List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 ..... \$330,000.00 56. Part 2: Total vehicles, line 5 \$10,650.00 57. Part 3: Total personal and household items, line 15 \$1,700.00 Part 4: Total financial assets, line 36 \$8,270.00 59. Part 5: Total business-related property, line 45 \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 61. Part 7: Total other property not listed, line 54 \$0.00 62. Total personal property. Add lines 56 through 61... \$20,620.00 Copy personal property total \$20,620.00

Official Form 106A/B Schedule A/B: Property page 6

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$350,620.00

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| mation to identify your  | case:                              |  |  |
|--------------------------|------------------------------------|--|--|
| Susan Porter             |                                    |  |  |
| First Name               | Middle Name                        | Last Name                                      |  |
|                          |                                    |  |  |
| First Name               | Middle Name                        | Last Name                                      |  |
| ankruptcy Court for the: | NORTHERN DISTRICT                  | OF ILLINOIS                                    |  |
|                          |                                    |  | ☐ Check if this is an amended filing   |
|                          | Susan Porter First Name First Name | First Name Middle Name  First Name Middle Name | Susan Porter       First Name     Middle Name     Last Name       First Name     Middle Name     Last Name |

### Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property Current value of the portion you own |                                     | Amo              | ount of the exemption you claim                                 | Specific laws that allow exemption |  |
|--|-------------------------------------|------------------|---|------------------------------------|--|
|  | Copy the value from<br>Schedule A/B | Che              | eck only one box for each exemption.                            |                                    |  |
| 8390 Dunmore Dr. Tinley Park, IL<br>60487 Cook County  | \$330,000.00                        |                  | \$15,000.00   | 735 ILCS 5/12-901                  |  |
| Primary Residence Line from Schedule A/B: 1.1  |                                     |                  | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| 2017 Ford Escape 60000 miles Line from Schedule A/B: 3.1   | \$10,650.00                         |                  | \$0.00  | 735 ILCS 5/12-1001(c)              |  |
| Line IIIIII Schedule A/B. 3.1  |                                     |                  | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Used Household goods and furniture   | \$500.00                            | <b>■</b> \$500.0 |   | 735 ILCS 5/12-1001(b)              |  |
| Elle Holli Schedule Av.D. 4.1  |                                     |                  | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Used Electronics Line from Schedule A/B: 7.1   | \$150.00                            |                  | \$150.00  | 735 ILCS 5/12-1001(b)              |  |
| Line Holli Schedule AVD. 1.1   |                                     |                  | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Used Clothes Line from Schedule A/B: 11.1  | \$1,000.00                          |                  | \$1,000.00  | 735 ILCS 5/12-1001(a)              |  |
| Line from Schedule PVD. 11.1   |                                     |                  | 100% of fair market value, up to any applicable statutory limit |                                    |  |
|  |                                     |                  |   |                                    |  |

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| Debtor | 1 Susan Porter   |                                      |         | Case number (if known)  |                                    |
|--------|--|--------------------------------------|---------|---|------------------------------------|
|        | ief description of the property and line on chedule A/B that lists this property         | Current value of the portion you own | Am      | ount of the exemption you claim                                 | Specific laws that allow exemption |
|        |  | Copy the value from<br>Schedule A/B  | Che     | eck only one box for each exemption.                            |                                    |
|        | ostume Jewelry<br>ne from Schedule A/B: 12.1   | \$50.00                              |         | \$50.00   | 735 ILCS 5/12-1001(b)              |
| LII    | ie nom denedale A/B. 12.1  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|        | hecking: Discover  | \$500.00                             |         | \$1,000.00  | 735 ILCS 5/12-1001(b)              |
| LII    | ie nom <i>Schedule A/D.</i> 17.1   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|        | avings: Discover   | \$50.00                              |         | \$50.00   | 735 ILCS 5/12-1001(b)              |
| L.     | ie nem conceano 702.   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|        | hecking: Captial One   | \$20.00                              |         | \$20.00   | 735 ILCS 5/12-1001(b)              |
|        | io nom comedate 702. The   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|        | hecking: Chase Bank  | \$700.00                             |         | \$700.00  | 735 ILCS 5/12-1001(b)              |
| LII    | ic from Genedale AVB. 1114   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|        | 01(k): 401 Thorugh employment  | \$7,000.00                           |         | \$7,000.00  | 735 ILCS 5/12-1006                 |
|        |  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|        | fe Insurance through employer eneficiary: Daughter                                       | \$0.00                               |         | \$0.00  | 215 ILCS 5/238                     |
|        | ne from Schedule A/B: 31.1   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|        | re you claiming a homestead exemption<br>ubject to adjustment on 4/01/22 and every<br>No |                                      |         | led on or after the date of adjustmer                           | nt.)                               |
|        |  | red by the exemption wi              | ithin 1 | ,215 days before you filed this case                            | ?                                  |
|        | □ No<br>□ Yes  |                                      |         |   |                                    |

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|            |  |   | Document Pa   | <u>ge 18 (</u>            | of 46  |  |                                    |
|------------|--|---|---|---------------------------|--|--|------------------------------------|
| Fill in th | his informatio                                   | n to identify you                           | ır case:  |                           |  |  |                                    |
| Debtor '   | 1 S  | usan Porter                                 |   |                           |  |  |                                    |
|            | _  | rst Name                                    | Middle Name Last  | Name                      |  |  |                                    |
| Debtor 2   | _  |   |   |                           |  |  |                                    |
| (Spouse if | , filing) Fi                                     | rst Name                                    | Middle Name Last  | Name                      |  |  |                                    |
| United S   | States Bankrup                                   | otcy Court for the:                         | NORTHERN DISTRICT OF ILLINOIS   | S                         |  |  |                                    |
| Case nu    | ımher  |   |   |                           |  |  |                                    |
| (if known) |  |   |   |                           |  | ☐ Check  | if this is an                      |
|            |  |   |   |                           |  | amend  | led filing                         |
| O((; - ; - | . L 🗆  | 0.CD  |   |                           |  |  |                                    |
|            | al Form 10                                       |   |   |                           |  |  |                                    |
| Sche       | edule D:   | Creditors                                   | Who Have Claims Sec   | cured                     | by Propert   | У  | 12/15                              |
| is needed  | mplete and acci<br>d, copy the Add<br>if known). | urate as possible.<br>itional Page, fill it | If two married people are filing together, bo<br>out, number the entries, and attach it to this | th are equa<br>s form. On | ally responsible for su<br>the top of any addition | ipplying correct informa<br>nal pages, write your na | tion. If more space<br>me and case |
| 1. Do any  | creditors have                                   | claims secured by                           | y your property?  |                           |  |  |                                    |
|            | No. Check this                                   | box and submit t                            | his form to the court with your other sche  | dules. Υοι                | u have nothing else t                              | o report on this form.                               |                                    |
|            | es. Fill in all o                                | f the information                           | below.  |                           |  |  |                                    |
| Part 1:    | List All Sec                                     | cured Claims                                |   |                           |  |  |                                    |
|            |  |   | more than one secured claim, list the creditor s  | enarately                 | Column A   | Column B   | Column C                           |
| for each   | claim. If more th                                | nan one creditor has                        | a particular claim, list the other creditors in Pa  |                           | Amount of claim                                    | Value of collateral                                  | Unsecured                          |
| much as    | possible, list the                               | claims in alphabeti                         | cal order according to the creditor's name.   |                           | Do not deduct the value of collateral.             | that supports this claim                             | portion<br>If any                  |
|            |  | uto Finance                                 | Describe the property that secures the cla  | aim:                      | \$24,666.52  | \$10,650.00  | \$14,016.52                        |
| Cre        | editor's Name                                    |   | 2017 Ford Escape 60000 miles  |                           |  |  |                                    |
| Α.         | u. Danlau  |   |   |                           |  |  |                                    |
|            | ttn: Bankrup<br>o Box 30285                      | •   | As of the date you file, the claim is: Check  | all that                  |  |  |                                    |
|            | alt Lake City                                    |   | apply.  Contingent  |                           |  |  |                                    |
|            | mber, Street, City,                              |   | ☐ Unliquidated  |                           |  |  |                                    |
|            | , , . <b>,</b> ,                                 | ,   | ☐ Disputed  |                           |  |  |                                    |
| Who ow     | es the debt?                                     | Check one.                                  | Nature of lien. Check all that apply.   |                           |  |  |                                    |
| ■ Debto    | or 1 only  |   | ☐ An agreement you made (such as mortga   | age or secu               | ired   |  |                                    |
| ☐ Debto    | or 2 only  |   | car loan)   |                           |  |  |                                    |
| ☐ Debte    | or 1 and Debtor 2                                | 2 only                                      | ☐ Statutory lien (such as tax lien, mechanic  | 's lien)                  |  |  |                                    |
| ☐ At lea   | ast one of the de                                | btors and another                           | ☐ Judgment lien from a lawsuit  |                           |  |  |                                    |
|            | k if this claim r<br>munity debt                 | elates to a                                 | Other (including a right to offset)   |                           |  |  |                                    |
| Date del   | ot was incurred                                  | Opened<br>11/19 Last<br>Active<br>2/29/20   | Last 4 digits of account number   | 1001                      |  |  |                                    |

Date debt was incurred 2/29/20

Last 4 digits of account number

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| Debt           | or 1 Susan Porter   | Case number (if known)   |                                   |                               |          |  |  |
|----------------|---|--|-----------------------------------|-------------------------------|----------|--|--|
|                | First Name Middle N   | ame Last Name  |                                   |                               |          |  |  |
| 2.2            | Us Bank Trust National<br>Association Trust                                   | Describe the property that secures the claim:  | \$270,000.00                      | \$330,000.00                  | \$0.00   |  |  |
|                | Creditor's Name  Sn Servicing Corporation                                     | 8390 Dunmore Dr. Tinley Park, IL<br>60487 Cook County<br>Primary Residence   |                                   |                               |          |  |  |
|                | 323 Fifth Street<br>Janesville, WI  | As of the date you file, the claim is: Check all that apply.  Contingent   |                                   |                               |          |  |  |
| -              | Number, Street, City, State & Zip Code  | ☐ Unliquidated   |                                   |                               |          |  |  |
| Who            | owes the debt? Check one.   | ☐ Disputed  Nature of lien. Check all that apply.  |                                   |                               |          |  |  |
| _              | ebtor 1 only<br>ebtor 2 only  | ☐ An agreement you made (such as mortgage or car loan)   | secured                           |                               |          |  |  |
|                | ebtor 1 and Debtor 2 only   | ☐ Statutory lien (such as tax lien, mechanic's lien  | )                                 |                               |          |  |  |
| ☐ At           | least one of the debtors and another  | ☐ Judgment lien from a lawsuit   |                                   |                               |          |  |  |
|                | heck if this claim relates to a ommunity debt                                 | Other (including a right to offset)  |                                   |                               |          |  |  |
| Date           | debt was incurred   | Last 4 digits of account number  |                                   |                               |          |  |  |
|                |   |  |                                   |                               |          |  |  |
|                |   | Column A on this page. Write that number here:   | \$294,666.                        | 52                            |          |  |  |
|                | is is the last page of your form, add<br>te that number here:                 | the dollar value totals from all pages.  | \$294,666.                        | 52                            |          |  |  |
| Part           | 2: List Others to Be Notified for   | or a Debt That You Already Listed  |                                   |                               |          |  |  |
| trying<br>than | to collect from you for a debt you o  | ne notified about your bankruptcy for a debt that your to someone else, list the creditor in Part 1, and tyou listed in Part 1, list the additional creditors lais page. | d then list the collection agei   | ncy here. Similarly, if you h | ave more |  |  |
| []             | Name, Number, Street, City, State & SN Servicing Corporation 323 Fifth Street |  | which line in Part 1 did you ente | r the creditor?               |          |  |  |
|                | Eureka, CA 95501  |  | <u> </u>                          |                               |          |  |  |

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| Fill in this infor  | mation to identify your  | case:             | .,          |                     |
|---------------------|--------------------------|-------------------|-------------|---------------------|
| Debtor 1            | Susan Porter             |                   |             |                     |
|                     | First Name               | Middle Name       | Last Name   |                     |
| Debtor 2            |                          |                   |             |                     |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |                     |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |                     |
| Case number         |                          |                   |             |                     |
| (if known)          |                          |                   |             | Check if this is an |
|                     |                          |                   |             | amended filing      |

#### Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

- 1. Do any creditors have priority unsecured claims against you?
  - No. Go to Part 2.
  - ☐ Yes.

#### Part 2: List All of Your NONPRIORITY Unsecured Claims

- 3. Do any creditors have nonpriority unsecured claims against you?
  - No. You have nothing to report in this part. Submit this form to the court with your other schedules.
  - ☐ Yes.

#### Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                       |     |   |     | 1        | Total Claim |
|-----------------------|-----|---|-----|----------|-------------|
| Total                 | 6a. | Domestic support obligations  | 6a. | \$       | 0.00        |
| claims<br>from Part 1 | 6b. | Taxes and certain other debts you owe the government                              | 6b. | \$       | 0.00        |
| II OIII Fait I        |     |   |     | <b>Ф</b> | 0.00        |
|                       | 6c. | Claims for death or personal injury while you were intoxicated                    | 6c. | \$       | 0.00        |
|                       | 6d. | Other. Add all other priority unsecured claims. Write that amount here.           | 6d. | \$       | 0.00        |
|                       | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$       | 0.00        |
|                       |     |   |     |          | Total Claim |
| Total                 | 6f. | Student loans   | 6f. | \$       | 0.00        |
| claims<br>from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that                 |     |          |             |
|                       | Ū   | you did not report as priority claims   | 6g. | \$       | 0.00        |
|                       | 6h. | Debts to pension or profit-sharing plans, and other similar debts                 | 6h. | \$       | 0.00        |
|                       | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$       | 0.00        |
|                       | 6j. | Total Nonpriority. Add lines 6f through 6i.                                       | 6j. | \$       | 0.00        |

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| Fill in this infor  | rmation to identify your | case:             | ./          |  |
|---------------------|--------------------------|-------------------|-------------|--|
| Debtor 1            | Susan Porter             |                   |             |  |
|                     | First Name               | Middle Name       | Last Name   |  |
| Debtor 2            |                          |                   |             |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |  |
| United States B     | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |  |
| Case number         |                          |                   |             |  |
| (if known)          |                          |                   |             |  |
| (,                  |                          |                   |             |  |

### Official Form 106G

### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | r company with<br>Name, Number | h whom you have the er, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------------------------|---|-------------------|---|
| 2.1 |           |                                |   |                   |   |
|     | Name      |                                |   |                   | _                                       |
|     | Number    | Street                         |   |                   |   |
|     | City      |                                | State   | ZIP Code          | _                                       |
| 2.2 |           |                                |   |                   |   |
|     | Name      |                                |   |                   | _                                       |
|     | Number    | Street                         |   |                   | _                                       |
|     | City      |                                | State   | ZIP Code          |   |
| 2.3 | •         |                                |   |                   |   |
|     | Name      |                                |   |                   | _                                       |
|     | Number    | Street                         |   |                   | _                                       |
|     | City      |                                | State   | ZIP Code          | <del>_</del>                            |
| 2.4 | •         |                                |   |                   |   |
|     | Name      |                                |   |                   | _                                       |
|     | Number    | Street                         |   |                   | _                                       |
|     | City      |                                | State   | ZIP Code          | <del></del>                             |
| 2.5 |           |                                |   |                   |   |
|     | Name      |                                |   |                   | _                                       |
|     | Number    | Street                         |   |                   | _                                       |
|     | City      |                                | State   | ZIP Code          | <del>_</del>                            |
|     |           |                                |   |                   |   |

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|   |   | Docume  | III Faye 22 U  | 1 40  |  |
|---|---|---|--|---|--|
| Fill in this i  | nformation to identify your             | case:   |  |   |  |
| Debtor 1  | Susan Porter                            |   |  |   |  |
|   | First Name                              | Middle Name   | Last Name  |   |  |
| Debtor 2<br>(Spouse if, filing                                  | a) First Name                           | Middle Name   | Last Name  |   |  |
|   |   | NORTHERN DISTRICT   |  |   |  |
| United State  | es Bankruptcy Court for the:            | NORTHLKIN DISTRICT  | OF ILLINOIS  |   |  |
| Case number   | er                                      |   |  |   | ☐ Check if this is an  |
|   |   |   |  |   | amended filing   |
| <b>Ω</b> α: α: α!   | Tarra 40011                             |   |  |   |  |
|   | Form 106H                               | -64   |  |   |  |
| Scheal  | ule H: Your Cod                         | eptors  |  |   | 12/15  |
| ■ No □ Yes  2. With Arizona ■ No. ( □ Yes.  3. In Column line 2 | 2 again as a codebtor only i            | I lived in a community pr<br>Nevada, New Mexico, Pu<br>use, or legal equivalent live<br>ors. Do not include your<br>f that person is a guaran | roperty state or territor<br>lerto Rico, Texas, Wash<br>e with you at the time?<br>spouse as a codebtor<br>tor or cosigner. Make | ry? (Community property<br>ington, and Wisconsin.)<br>r if your spouse is filing<br>sure you have listed th | y states and territories include<br>g with you. List the person shown<br>e creditor on Schedule D (Official<br>Schedule E/F, or Schedule G to fill |
|   | lumn 2. Column 1: Your codebtor         |   |  | Column 2: The cre   | ditor to whom you owe the debt   |
| Na  | ame, Number, Street, City, State and ZI | P Code  |  | Check all schedule  |  |
| 3.1   |   |   |  | ☐ Schedule D, line  | )  |
| N   | lame                                    |   |  | □ Schedule E/F, li  | ne   |
|   |   |   |  | ☐ Schedule G, line  | e  |
|   | lumber Street                           |   |  |   |  |
| С   | tity                                    | State   | ZIP Code   |   |  |
|   |   |   |  | Odenski Dije  |  |
| 3.2   | lame                                    |   |  | Schedule D, line  |  |
|   |   |   |  | ☐ Schedule E/F, li ☐ Schedule G, line   |  |
|   | Lumbar Circat                           |   |  |   | <u> </u>   |
|   | lumber Street<br>ity                    | State   | ZIP Code   |   |  |
|   |   |   |  |   |  |

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|                    |  |  |  |                             |                            |                | -          |                         |                          |                                   |                 |
|--------------------|--|--|--|-----------------------------|----------------------------|----------------|------------|-------------------------|--------------------------|-----------------------------------|-----------------|
|                    | in this information to iden  |  |  |                             |                            |                |            |                         |                          |                                   |                 |
| Dei                | btor 1 Sus   | an Porte                               | r  |                             |                            |                |            |                         |                          |                                   |                 |
|                    | btor 2   |  |  |                             |                            | _              |            |                         |                          |                                   |                 |
| Uni                | ited States Bankruptcy Co  | ourt for the                           | NORTHERN DISTRIC                                       | T OF ILLINOIS               |                            |                |            |                         |                          |                                   |                 |
|                    | se number  |  |  |                             |                            |                |            |                         | ed filing<br>ent showir  | ng postpetition<br>ollowing date: |                 |
| 0                  | fficial Form 100   | 6I                                     |  |                             |                            |                | <u> </u>   | MM / DD/ Y              |                          | J                                 |                 |
| S                  | chedule I: You   | _<br>ur Inco                           | ome  |                             |                            |                | ľ          |                         |                          |                                   | 12/15           |
| sup<br>spo<br>atta | as complete and accuratelying correct informations. If you are separate the a separate sheet to the treatment of the correct o | on. If you<br>d and you<br>his form. ( | are married and not filir<br>r spouse is not filing wi | ng jointly, and you         | our spouse<br>nclude infor | is liv<br>mati | ing with   | you, incl<br>t your spe | ude infori<br>ouse. If m | mation about ore space is         | your<br>needed, |
| 1.                 | Fill in your employment information.   | nt                                     |  | Debtor 1                    |                            |                |            | Debtor 2                | 2 or non-f               | iling spouse                      |                 |
|                    | If you have more than one job, attach a separate page with   |  | Employment status                                      | ■ Employed                  |                            |                |            | ☐ Empl                  | oyed                     |                                   |                 |
|                    | information about additi   |  | projo c.a.a.c  | ☐ Not employ                | ☐ Not employed             |                |            | ☐ Not e                 | employed                 |                                   |                 |
|                    | employers.   |  | Occupation   | Legal Benef                 | its Authori                | zer            |            |                         |                          |                                   |                 |
|                    | Include part-time, seaso self-employed work.   | onal, or                               | Employer's name  | Social Secu                 | rity Admin                 | stra           | tion       |                         |                          |                                   |                 |
|                    | Occupation may include or homemaker, if it appl  |  | Employer's address                                     | 3260 W Fulle<br>Chicago, IL |                            |                |            |                         |                          |                                   |                 |
|                    |  |  | How long employed the                                  | nere? 5 ye                  | ars                        |                |            | _                       |                          |                                   |                 |
| Pai                | rt 2: Give Details A   | About Mon                              | thly Income  |                             |                            |                |            |                         |                          |                                   |                 |
|                    | imate monthly income as<br>use unless you are separa   |  | ate you file this form. If y                           | you have nothing            | to report for              | any            | line, writ | e \$0 in the            | space. In                | clude your noi                    | n-filing        |
|                    | ou or your non-filing spous<br>e space, attach a separat   |  |  | mbine the inform            | ation for all              | empl           | oyers for  | that perso              | on on the li             | ines below. If                    | you need        |
|                    |  |  |  |                             |                            |                | For De     | btor 1                  |                          | btor 2 or<br>ing spouse           |                 |
| 2.                 |  |  | ry, and commissions (becalculate what the month)       |                             | 2.                         | \$             | 7          | ,468.44                 | \$                       | N/A                               |                 |
| 3.                 | Estimate and list mon  | thly overti                            | me pay.  |                             | 3.                         | +\$            |            | 0.00                    | +\$                      | N/A                               |                 |
| 4.                 | Calculate gross Incom  | ne. Add lin                            | e 2 + line 3.  |                             | 4.                         | \$             | 7,4        | 68.44                   | \$                       | N/A                               |                 |

Official Form 106I Schedule I: Your Income page 1

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| Debt | tor 1                 | Susan Porter   |   | _              |     | Case r | number ( <i>if ki</i> | nown) |           |                 |            |          |
|------|-----------------------|--|---|----------------|-----|--------|-----------------------|-------|-----------|-----------------|------------|----------|
|      |                       |  |   |                |     | For    | Debtor 1              |       |           | r Debtor        |            |          |
|      | Cor                   | by line 4 here   |   | 4.             |     | \$     | 7,468                 | 3.44  | \$        | n-filing s      | N/A        |          |
|      |                       |  |   |                |     | -      | .,                    |       | · –       |                 |            | -        |
| 5.   | List                  | all payroll deductions:  |   |                |     |        |                       |       |           |                 |            |          |
|      | 5a.                   | Tax, Medicare, and Social Secur  | •   | 5a             |     | \$     | 1,623                 |       | \$_       |                 | N/A        | _        |
|      | 5b.<br>5c.            | Mandatory contributions for retingular voluntary volunt | •   | 5b<br>5c       |     | \$     |                       | 7.25  | \$_<br>\$ |                 | N/A        | _        |
|      | 5d.                   | Required repayments of retirem   | •   | 5d             |     | \$<br> |                       | 0.00  | \$_       |                 | N/A<br>N/A | _        |
|      | 5e.                   | Insurance  | on rana round   | 5e             |     | \$     |                       | 0.00  | \$        |                 | N/A        | _        |
|      | 5f.                   | Domestic support obligations   |   | 5f.            |     | \$     | (                     | 0.00  | \$        |                 | N/A        | =        |
|      | 5g.                   | Union dues   |   | 5g             | ١.  | \$     | (                     | 0.00  | \$_       |                 | N/A        | -        |
|      | 5h.                   | Other deductions. Specify:   |   | 5h             | .+  | \$     | (                     | 0.00  | + \$_     |                 | N/A        | _        |
| 6.   | Add                   | I the payroll deductions. Add lines  | 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.             |     | \$     | 2,120                 | 0.58  | \$_       |                 | N/A        | _        |
| 7.   | Cal                   | culate total monthly take-home pay   | y. Subtract line 6 from line 4.   | 7.             |     | \$     | 5,347                 | 7.86  | \$_       |                 | N/A        | _        |
| 8.   | List<br>8a.           | all other income regularly receive<br>Net income from rental property<br>profession, or farm<br>Attach a statement for each proper<br>receipts, ordinary and necessary by  | r and from operating a business, rty and business showing gross   |                |     | •      |                       |       | •         |                 |            |          |
|      | Oh                    | monthly net income.  |   | 8a             |     | \$_    |                       | 0.00  | \$_       |                 | N/A        | _        |
|      | 8b.<br>8c.            | Interest and dividends Family support payments that ye   | ou, a non-filing spouse, or a dependen  | 8b<br>•        | ٠.  | \$     |                       | 0.00  | \$_       |                 | N/A        | -        |
|      | 00.                   | regularly receive  | child support, maintenance, divorce   | <b>.</b><br>8c |     | \$     | (                     | 0.00  | \$        |                 | N/A        |          |
|      | 8d.                   | Unemployment compensation  |   | 8d             | ١.  | \$     | (                     | 0.00  | \$        |                 | N/A        | -        |
|      | 8e.                   | Social Security  |   | 8e             | ٠.  | \$     | (                     | 0.00  | \$_       |                 | N/A        | _        |
|      | 8f.                   |  | alue (if known) of any non-cash assistanc<br>mps (benefits under the Supplemental   | e<br>8f.       |     | \$     | (                     | 0.00  | \$        |                 | N/A        |          |
|      | 8g.                   | Pension or retirement income   |   | 8g             | ١.  | \$     | (                     | 0.00  | \$_       |                 | N/A        | -        |
|      | 8h.                   | Other monthly income. Specify:   | Contribution from Cousin Living at the Property   | 8h             | .+  | \$     | 600                   | 0.00  | + \$_     |                 | N/A        | -        |
| 9.   | Add                   | l all other income. Add lines 8a+8b  | +8c+8d+8e+8f+8g+8h.   | 9.             |     | \$     | 600                   | 0.00  | \$_       |                 | N/A        | A        |
| 10.  |                       | culate monthly income. Add line 7  |   | 10.            | \$_ | 5      | 5,947.86              | + \$  |           | N/A             | = \$       | 5,947.86 |
|      |                       | the entries in line 10 for Debtor 1 an   | 3 ,   | . L            |     |        |                       | I L   |           |                 |            |          |
| 11.  | Incli<br>othe<br>Do i | ude contributions from an unmarried er friends or relatives.   | o the expenses that you list in Schedule partner, members of your household, you uded in lines 2-10 or amounts that are not | r depe         |     | -      | •                     |       | •         | Schedule<br>11. |            | 0.00     |
| 12.  |                       | e that amount on the Summary of Sc   | line 10 to the amount in line 11. The re<br>chedules and Statistical Summary of Certa                                       |                |     |        |                       |       |           | e.<br>12.       | \$         | 5,947.86 |
| 12   | Da.                   | vou expect on incress or desires   | a within the year often year file this fame   | .2             |     |        |                       |       |           |                 | monthl     | y income |
| 13.  | □ □                   | No. Yes. Explain:  | e within the year after you file this forn  | 1.7            |     |        |                       |       |           |                 |            |          |

| Fill | in this information to identify   | your case:                  |  |  |                              |   |   |
|------|---|-----------------------------|--|--|------------------------------|---|---|
| Deb  | otor 1 Susan Port   | er                          |  |  | Che                          | ck if this is:  |   |
|      | otor 2  |                             |  |  |                              | An amended filing<br>A supplement show<br>13 expenses as of | ving postpetition chapter the following date: |
| Unit | ted States Bankruptcy Court for th  | ne: NORTH                   | ERN DISTRICT OF ILLING                             | OIS  |                              | MM / DD / YYYY  |   |
|      | se number   |                             |  |  |                              |   |   |
|      | nown)   |                             |  |  |                              |   |   |
| O    | fficial Form 106J   |                             |  |  |                              |   |   |
|      | chedule J: Your   |                             |  |  |                              |   | 12/15   |
| info | as complete and accurate a<br>ormation. If more space is r<br>nber (if known). Answer ev                | eeded, attac                | ch another sheet to this f                         | e filing together, be<br>form. On the top of | oth are equ<br>fany addition | ally responsible fo<br>onal pages, write y                  | or supplying correct<br>your name and case    |
| Par  |   | sehold                      |  |  |                              |   |   |
| 1.   | Is this a joint case?  No. Go to line 2.  |                             |  |  |                              |   |   |
|      | ■ No. Go to line 2.  ☐ Yes. <b>Does Debtor 2 live</b>   | e in a separa               | te household?                                      |  |                              |   |   |
|      | □ No  | •                           |  |  |                              |   |   |
|      | ☐ Yes. Debtor 2 m   | ust file Officia            | al Form 106J-2, <i>Expenses</i>                    | for Separate House                           | ehold of Deb                 | tor 2.  |   |
| 2.   | Do you have dependents  | ? 🗆 No                      |  |  |                              |   |   |
|      | Do not list Debtor 1 and Debtor 2.  | ■ Yes.                      | Fill out this information for each dependent       | Dependent's relating Debtor 1 or Debtor      |                              | Dependent's age   | Does dependent live with you?                 |
|      | Do not state the  |                             |  |  |                              |   | □ No  |
|      | dependents names.   |                             |  | Daughter                                     |                              |   | ■ Yes   |
|      |   |                             |  |  |                              |   | □ No<br>□ Yes                                 |
|      |   |                             |  | -  |                              |   | □ No  |
|      |   |                             |  |  |                              |   | ☐ Yes   |
|      |   |                             |  |  |                              |   | □ No  |
|      |   |                             |  |  |                              |   | ☐ Yes   |
| 3.   | Do your expenses include expenses of people other   | than 🗔                      | No<br>Yes  |  |                              |   |   |
|      | yourself and your depend  | lents?                      | 103  |  |                              |   |   |
| Est  | t 2: Estimate Your Ongo<br>imate your expenses as of<br>penses as of a date after the<br>plicable date. | your bankru                 | ptcy filing date unless y                          |  |                              |   |   |
| the  | lude expenses paid for with   | n non-cash g<br>nd have inc | povernment assistance if luded it on Schedule I: Y | you know<br>our Income                       |                              | Your exp  | oneae   |
| (Of  | ficial Form 106l.)  |                             |  |  |                              | Tour exp  | CIISCS  |
| 4.   | The rental or home owner payments and any rent for  |                             |  | nclude first mortgag                         | e<br>4. \$                   | S   | 1,903.00                                      |
|      | If not included in line 4:  |                             |  |  |                              |   |   |
|      | 4a. Real estate taxes   |                             |  |  | 4a. \$                       |   | 0.00  |
|      | 4b. Property, homeowne  |                             |  |  | 4b. \$                       |   | 0.00  |
|      | 4c. Home maintenance,   |                             |  |  | 4c. \$                       |   | 50.00   |
| 5.   | 4d. Homeowner's associ  Additional mortgage payr  |                             |  | me equity loans                              | 4d. §                        |   | 180.00<br>0.00                                |

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| Debte | or 1          | Susan P        | orter  | Case                             | num  | ber (if known | )                                |
|-------|---------------|----------------|--|----------------------------------|------|---------------|----------------------------------|
| 6.    | Utiliti       | ies:           |  |                                  |      |               |                                  |
| -     | 6a.           |                | heat, natural gas  |                                  | 6a.  | \$            | 200.00                           |
|       | 6b.           |                | wer, garbage collection  |                                  |      |               | 80.00                            |
|       | 6c.           |                | e, cell phone, Internet, satellite, and cable se   | ervices                          | 6c.  | \$            | 250.00                           |
|       | 6d.           | Other. Spe     | •  |                                  | 6d.  | · -           | 0.00                             |
|       |               |                | ekeeping supplies  |                                  | 7.   | ·             | 300.00                           |
|       |               |                | hildren's education costs  |                                  | 8.   | \$            | 75.00                            |
|       |               |                | ry, and dry cleaning   |                                  | 9.   | \$            | 25.00                            |
|       |               | ٠,             | products and services  |                                  | 10.  | · -           | 100.00                           |
|       |               | -              | ntal expenses  |                                  | 11.  | ·             | 75.00                            |
|       |               |                | Include gas, maintenance, bus or train fare  |                                  |      | · ——          |                                  |
|       |               |                | ar payments.   |                                  | 12.  | \$            | 200.00                           |
| 13.   | Enter         | rtainment,     | clubs, recreation, newspapers, magazine  | es, and books                    | 13.  | \$            | 0.00                             |
| 14.   | Chari         | itable cont    | ributions and religious donations  |                                  | 14.  | \$            | 0.00                             |
| 15.   | Insur         | rance.         |  |                                  |      |               |                                  |
|       |               |                | surance deducted from your pay or include  |                                  |      |               |                                  |
|       |               | Life insura    |  |                                  | 15a. | *             | 0.00                             |
|       | 15b.          | Health ins     | urance   |                                  | 15b. | \$            | 0.00                             |
|       | 15c.          | Vehicle ins    | surance  |                                  | 15c. | \$            | 101.00                           |
|       | 15d.          | Other insu     | rance. Specify:  |                                  | 15d. | \$            | 0.00                             |
|       |               |                | clude taxes deducted from your pay or inclu  | ided in lines 4 or 20.           |      |               |                                  |
|       | Speci         | ,              |  |                                  | 16.  | \$            | 0.00                             |
|       |               |                | ease payments:   |                                  |      | •             |                                  |
|       |               |                | ents for Vehicle 1   |                                  | 17a. |               | 576.00                           |
|       |               |                | ents for Vehicle 2   |                                  | 17b. |               | 0.00                             |
|       |               | Other. Spe     |  |                                  | 17c. | · <u> </u>    | 0.00                             |
|       |               | Other. Spe     | ·  |                                  | 17d. | \$            | 0.00                             |
|       |               |                | of alimony, maintenance, and support the   |                                  | 18.  | \$            | 0.00                             |
|       |               |                | your pay on line 5, <i>Schedule I, Your Inco</i><br>s you make to support others who do no   |                                  | 10.  | \$            | 0.00                             |
|       | Speci         |                | s you make to support others who do no   | inve with you.                   | 19.  | Ψ             | 0.00                             |
|       | •             | ·              | erty expenses not included in lines 4 or   | of this form or on Schedule      |      | our Income    |                                  |
|       |               |                | s on other property  |                                  | 20a. |               | 0.00                             |
|       |               | Real estat     |  |                                  | 20b. |               | 0.00                             |
|       |               |                | nomeowner's, or renter's insurance   |                                  | 20c. | ·             | 0.00                             |
|       |               |                | ice, repair, and upkeep expenses   |                                  | 20d. |               | 0.00                             |
|       |               |                | er's association or condominium dues   |                                  | 20e. | ·             | 0.00                             |
|       |               | r: Specify:    | or a decoration of condeminant adoc  |                                  | 21.  | · —           | 0.00                             |
| ۷۱.   | Othe          | a. Opecity.    |  |                                  | ۷١.  | -Ψ            | 0.00                             |
|       |               |                | monthly expenses   |                                  |      |               |                                  |
|       | 22a. <i>i</i> | Add lines 4    | through 21.  |                                  |      | \$            | 4,115.00                         |
|       | 22b. (        | Copy line 22   | 2 (monthly expenses for Debtor 2), if any, fr  | om Official Form 106J-2          |      | \$            |                                  |
|       | 22c. /        | Add line 22a   | a and 22b. The result is your monthly expe   | nses.                            |      | \$            | 4,115.00                         |
|       |               |                | , , ,  |                                  |      |               | .,                               |
|       |               | -              | monthly net income.  |                                  |      | •             |                                  |
|       |               |                | 12 (your combined monthly income) from S   |                                  | 23a. |               | 5,947.86                         |
|       | 23b.          | Copy your      | monthly expenses from line 22c above.  | :                                | 23b. | -\$           | 4,115.00                         |
|       | 00-           | Cb.4 1         | and the same and t |                                  |      |               |                                  |
|       | 23c.          |                | our monthly expenses from your monthly in  | come.                            | 23c. | \$            | 1,832.86                         |
|       |               | ine result     | is your monthly net income.  |                                  |      | L.*           | ,                                |
| 24.   | Do vo         | ou expect a    | an increase or decrease in your expense  | s within the year after you file | this | form?         |                                  |
|       | For ex        | xample, do yo  | ou expect to finish paying for your car loan within t  |                                  |      |               | ncrease or decrease because of a |
|       | modifi        | ication to the | terms of your mortgage?  |                                  |      |               |                                  |
|       | ■ No          | 0.             |  |                                  |      |               |                                  |
|       | □ Ye          | es.            | Explain here:  |                                  |      |               |                                  |

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| Fill in this infor              | mation to identify your                          | case:                    |                             |                         |  |
|---------------------------------|--|--------------------------|-----------------------------|-------------------------|--|
| Debtor 1                        | Susan Porter                                     |                          |                             |                         |  |
|                                 | First Name                                       | Middle Name              | Last Name                   |                         |  |
| Debtor 2<br>(Spouse if, filing) | First Name                                       | Middle Name              | Last Name                   |                         |  |
| United States Ba                | nkruptcy Court for the:                          | NORTHERN DISTRICT        | OF ILLINOIS                 |                         |  |
| Case number _<br>(if known)     |  |                          |                             |                         | ☐ Check if this is an amended filing                                     |
| Official Forr                   |  |                          |                             |                         |  |
| Declarat                        | ion About a                                      | an Individual            | Debtor's Sc                 | hedules                 | 12/15  |
| years, or both. 1               | n Below  |                          | kruptcy case can result i   | n tines up to \$250,000 | 0, or imprisonment for up to 20  |
| Did you pa                      | y or agree to pay some                           | one who is NOT an attor  | rney to help you fill out b | ankruptcy forms?        |  |
| ■ No                            |  |                          |                             |                         |  |
| ☐ Yes. N                        | Name of person                                   |                          |                             |                         | rruptcy Petition Preparer's Notice,<br>and Signature (Official Form 119) |
|                                 | lty of perjury, I declare<br>e true and correct. | that I have read the sum | mary and schedules file     | d with this declaration | n and  |
| X /s/ Sus                       | an Porter  |                          | x                           |                         |  |
| <b>Susan</b><br>Signatu         | Porter<br>re of Debtor 1                         |                          | Signature of                | Debtor 2                |  |

Date

Date October 9, 2021

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| Fill i  | n this inform      | ation to identify you           | r case:  |                                 |                                     |                                       |
|---------|--------------------|---------------------------------|--|---------------------------------|-------------------------------------|---------------------------------------|
| Debt    | tor 1              | Susan Porter                    |  |                                 |                                     |                                       |
| Debt    | tor 2              | First Name                      | Middle Name  | Last Name                       |                                     |                                       |
|         | se if, filing)     | First Name                      | Middle Name  | Last Name                       |                                     |                                       |
| Unite   | ed States Ban      | kruptcy Court for the:          | NORTHERN DISTRICT (  | OF ILLINOIS                     |                                     |                                       |
| Case    | e number           |                                 |  |                                 |                                     |                                       |
| (if kno |                    |                                 |  |                                 | -                                   | Check if this is an<br>imended filing |
|         |                    |                                 |  |                                 |                                     | interided filling                     |
| ~       |                    | 4.07                            |  |                                 |                                     |                                       |
|         | <u>icial For</u>   |                                 |  |                                 |                                     |                                       |
| Sta     | tement             | of Financial                    | Affairs for Individ  | duals Filing for B              | ankruptcy                           | 4/19                                  |
| Be as   | s complete a       | nd accurate as possi            | ble. If two married people a   | re filing together, both are    | equally responsible for sup         | plying correct                        |
| infori  | mation. If me      | ore space is needed,            | attach a separate sheet to   |                                 | additional pages, write you         |                                       |
| numi    | oer (if known      | ). Answer every ques            | stion.   |                                 |                                     |                                       |
| Part    | 1: Give D          | etails About Your Ma            | rital Status and Where You   | Lived Before                    |                                     |                                       |
| 1. 1    | What is your       | current marital statu           | s?   |                                 |                                     |                                       |
|         | ☐ Married          |                                 |  |                                 |                                     |                                       |
|         | ■ Not marr         | ried                            |  |                                 |                                     |                                       |
| 2.      |                    |                                 | lived anywhere other than  | where you live now?             |                                     |                                       |
|         | ourning and la     | ot o youro, navo you            | into a any minoro outlor unan  | more you mo nom.                |                                     |                                       |
|         | No                 |                                 |  |                                 |                                     |                                       |
|         | ☐ Yes. List        | all of the places you l         | ived in the last 3 years. Do no  | ot include where you live now   | •                                   |                                       |
|         | Debtor 1 Pri       | or Address:                     | Dates Debtor 1 lived there   | Debtor 2 Prior Ad               | dress:                              | Dates Debtor 2<br>lived there         |
| 3. 1    | Within the la      | st 8 vears, did vou ev          | ver live with a spouse or lec  | ial equivalent in a commun      | ity property state or territor      | v? (Community property                |
|         |                    |                                 |  |                                 | co, Texas, Washington and V         |                                       |
|         | ■ NI-              |                                 |  |                                 |                                     |                                       |
|         | ■ No<br>□ Yes. Mal | ke sure vou fill out Sch        | nedule H: Your Codebtors (Of   | ficial Form 106H)               |                                     |                                       |
|         | L 165. IVIAI       | ke sure you iiii out <i>sci</i> | ledule 11. Toul Codebiols (Ol  | iliciai Foitii Toorij.          |                                     |                                       |
| Part    | 2 Explain          | n the Sources of You            | r Income   |                                 |                                     |                                       |
|         |                    |                                 |  |                                 |                                     |                                       |
| l       | Fill in the total  | I amount of income yo           | nployment or from operatin<br>u received from all jobs and a<br>have income that you receive | all businesses, including part- |                                     | ndar years?                           |
|         | ,<br>              |                                 | •  | •                               |                                     |                                       |
|         | □ No<br>■          |                                 |  |                                 |                                     |                                       |
|         | Yes. Fill          | in the details.                 |  |                                 |                                     |                                       |
|         |                    |                                 | Debtor 1   |                                 | Debtor 2                            |                                       |
|         |                    |                                 | Sources of income  | Gross income                    | Sources of income                   | Gross income                          |
|         |                    |                                 | Check all that apply.  | (before deductions and          | Check all that apply.               | (before deductions                    |
| _       | _                  |                                 |  | exclusions)                     |                                     | and exclusions)                       |
|         |                    | of current year until           | ■ Wages, commissions,  | \$62,350.00                     | ☐ Wages, commissions, bonuses, tips |                                       |
|         | ,                  |                                 | bonuses, tips  |                                 |                                     |                                       |
|         |                    |                                 | ☐ Operating a business   |                                 | ☐ Operating a business              |                                       |

Official Form 107

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Case number (if known) Debtor 1 **Susan Porter** Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$83,411.00 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2020) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For the calendar year before that: \$78,137.00 ☐ Wages, commissions, Wages, commissions. (January 1 to December 31, 2019) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. Debtor 2 Debtor 1 Sources of income Gross income from Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825\* or more? □ No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$6,825\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

**Total amount** 

paid

Dates of payment

Amount you

still owe

Creditor's Name and Address

Was this payment for ...

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| 7.  | Within 1 year before you filed for bankrup <i>Insiders</i> include your relatives; any general p of which you are an officer, director, person in a business you operate as a sole proprietor. alimony. | artners; relative<br>n control, or ow | es of any ger<br>ner of 20% o | neral partners; partners<br>or more of their voting | erships of which y<br>g securities; and | ou are a genera<br>any managing a | I partner; corporations<br>gent, including one fo |
|-----|---|---------------------------------------|-------------------------------|---|---|-----------------------------------|---|
|     | <ul><li>■ No</li><li>□ Yes. List all payments to an insider.</li></ul>  |                                       |                               |   |   |                                   |   |
|     | Insider's Name and Address  | Dates of pa                           | yment                         | Total amount paid                                   | Amount you still owe                    | Reason for                        | this payment                                      |
| 8.  | Within 1 year before you filed for bankrup insider? Include payments on debts guaranteed or co  |                                       |                               | ments or transfer a                                 | any property on                         | account of a de                   | ebt that benefited an                             |
|     | ■ No □ Yes. List all payments to an insider   |                                       |                               |   |   |                                   |   |
|     | Insider's Name and Address  | Dates of pa                           | yment                         | Total amount paid                                   | Amount you still owe                    | Reason for Include cred           | this payment<br>itor's name                       |
| Pa  | rt 4: Identify Legal Actions, Repossession  | ns, and Forec                         | losures                       |   |   |                                   |   |
| 9.  | Within 1 year before you filed for bankrup<br>List all such matters, including personal injury<br>modifications, and contract disputes.   |                                       |                               |   |   |                                   |   |
|     | ■ No □ Yes. Fill in the details.  |                                       |                               |   |   |                                   |   |
|     | Case title Case number  | Nature of th                          | ne case                       | Court or agency                                     |   | Status of the                     | e case  |
| 10. | Within 1 year before you filed for bankrup<br>Check all that apply and fill in the details belo   |                                       | f your prope                  | erty repossessed, f                                 | oreclosed, garn                         | ished, attached                   | , seized, or levied?                              |
|     | <ul><li>No. Go to line 11.</li><li>Yes. Fill in the information below.</li></ul>  |                                       |                               |   |   |                                   |   |
|     | Creditor Name and Address   | Describe the Explain who              |                               | 4   | Dat                                     | e                                 | Value of the<br>property                          |
| 11. | Within 90 days before you filed for bankru accounts or refuse to make a payment be  | ptcy, did any o                       | creditor, inc                 |   | nancial institutio                      | on, set off any a                 | mounts from your                                  |
|     | Yes. Fill in the details.   | December the                          |                               |   | Det                                     |                                   | A   |
|     | Creditor Name and Address   | Describe th                           | e action the                  | e creditor took                                     | take                                    | e action was<br>en                | Amount  |
| 12. | Within 1 year before you filed for bankrup court-appointed receiver, a custodian, or  |                                       |                               | erty in the possess                                 | ion of an assigr                        | ee for the bene                   | fit of creditors, a                               |
|     | ■ No □ Yes  |                                       |                               |   |   |                                   |   |
| Pai | rt 5: List Certain Gifts and Contributions  |                                       |                               |   |   |                                   |   |
| 13. | Within 2 years before you filed for bankru  ■ No □ Yes Fill in the details for each gift.   | ptcy, did you g                       | ive any gift                  | s with a total value                                | of more than \$6                        | 600 per person?                   | •   |
|     | <ul><li>Yes. Fill in the details for each gift.</li><li>Gifts with a total value of more than \$600 per person</li></ul>  | Descri                                | be the gifts                  |   |   | es you gave<br>gifts              | Value   |
|     | Person to Whom You Gave the Gift and Address:   |                                       |                               |   |   |                                   |   |

Debtor 1 Susan Porter

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| 14. | Within 2 years before you filed for bankru  ■ No □ Yes. Fill in the details for each gift or co  |                  |   | ns with a total | value of more than                            | \$600 to any charity?     |
|-----|--|------------------|---|-----------------|---|---------------------------|
|     | Gifts or contributions to charities that to<br>more than \$600<br>Charity's Name<br>Address (Number, Street, City, State and ZIP Code)   |                  | Describe what you contributed   |                 | Dates you contributed                         | Value                     |
| Par | t 6: List Certain Losses   |                  |   |                 |   |                           |
| 15. | Within 1 year before you filed for bankrup or gambling?  | otcy or          | since you filed for bankruptcy, did y   | ou lose anyth   | ning because of thef                          | t, fire, other disaster,  |
|     | ■ No □ Yes. Fill in the details.   |                  |   |                 |   |                           |
|     | how the loss occurred  | Include          | be any insurance coverage for the lot<br>the amount that insurance has paid. Lot<br>ce claims on line 33 of Schedule A/B: | ist pending     | Date of your loss                             | Value of property<br>lost |
| Par | t 7: List Certain Payments or Transfers  |                  |   |                 |   |                           |
| 16. | Within 1 year before you filed for bankrup consulted about seeking bankruptcy or p Include any attorneys, bankruptcy petition pr  No Yes. Fill in the details.                     | reparin          | ng a bankruptcy petition?   |                 |   | rty to anyone you         |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not Yo   | ou               | Description and value of any prop transferred   | erty            | Date payment or transfer was made             | Amount of payment         |
|     | MoneySharp Credit Counseling Inc.<br>1916 N. Fairfield Ave Suite 200<br>Chicago, IL 60647  |                  |   |                 | 10/6/21                                       | \$10.00                   |
| 17. | Within 1 year before you filed for bankrup promised to help you deal with your cred Do not include any payment or transfer that you have   | itors or         | to make payments to your creditor   |                 | r transfer any prope                          | rty to anyone who         |
|     | Yes. Fill in the details.  |                  |   |                 |   |                           |
|     | Person Who Was Paid<br>Address   |                  | Description and value of any prop transferred   | erty            | Date payment<br>or transfer was<br>made       | Amount of payment         |
| 18. | Within 2 years before you filed for bankru transferred in the ordinary course of your Include both outright transfers and transfers include gifts and transfers that you have alre | busine<br>made a | ess or financial affairs?<br>as security (such as the granting of a s   | , , ,           | , ,   | ,                         |
|     | Yes. Fill in the details.  |                  | Description and select  | Dan ''          |   | Data tuan - f             |
|     | Person Who Received Transfer Address  Person's relationship to you   |                  | Description and value of property transferred   |                 | ny property or<br>received or debts<br>change | Date transfer was made    |
|     | i orgoni s relationiship to you  |                  |   |                 |   |                           |

Debtor 1 Susan Porter

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Debtor 1 Susan Porter Case number (if known)

| 19. | Within 10 years before you filed for bankruptc beneficiary? (These are often called asset-prote  |   | o a self-settl | ed trust or similar device                           | of which you are a                            |
|-----|--|---|----------------|--|---|
|     | ■ No □ Yes. Fill in the details.   |   |                |  |   |
|     | Name of trust  | Description and value of the p  | roperty tran   | sferred  | Date Transfer was made                        |
| Pa  | t 8: List of Certain Financial Accounts, Instr   | ruments, Safe Deposit Boxes, and  | Storage Un     | its  |   |
| 20. | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associated No | other financial accounts; certifica   | tes of depos   |  |   |
|     | Yes. Fill in the details.  |   |                |  |   |
|     |  | Last 4 digits of Type of account number instrument  |                | Date account was closed, sold, moved, or transferred | Last balance<br>before closing or<br>transfer |
| 21. | Do you now have, or did you have within 1 year cash, or other valuables?   | ar before you filed for bankruptcy  | , any safe de  | eposit box or other depos                            | itory for securities,                         |
|     | ■ No □ Yes. Fill in the details.   |   |                |  |   |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)  | Who else had access to it? Address (Number, Street, City, State and ZIP Code)                 | Describe       | e the contents                                       | Do you still have it?                         |
| 22. | Have you stored property in a storage unit or  | place other than your home within   | n 1 year befo  | ore you filed for bankrupto                          | cy?   |
|     | No   |   |                |  |   |
|     | Yes. Fill in the details.  |   |                |  |   |
|     | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  | Who else has or had access<br>to it?<br>Address (Number, Street, City,<br>State and ZIP Code) | Describe       | e the contents                                       | Do you still have it?                         |
| Pa  | t 9: Identify Property You Hold or Control fo  | or Someone Else   |                |  |   |
| 23. | Do you hold or control any property that some for someone.   | eone else owns? Include any prop  | erty you bo    | rrowed from, are storing f                           | for, or hold in trust                         |
|     | ■ No □ Yes. Fill in the details.   |   |                |  |   |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)                       | Describe       | e the property                                       | Value   |
| Pa  | t 10: Give Details About Environmental Inform  | mation  |                |  |   |
| For | the purpose of Part 10, the following definition   | s apply:  |                |  |   |
|     | Environmental law means any federal, state, of toxic substances, wastes, or material into the regulations controlling the cleanup of these s                               | air, land, soil, surface water, grou  |                |  |   |
|     | Site means any location, facility, or property a to own, operate, or utilize it, including disposa   | -   | al law, whet   | her you now own, operate                             | e, or utilize it or used                      |
|     | Hazardous material means anything an enviro  |   | us waste, h    | azardous substance, toxi                             | c substance,                                  |

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Debtor 1 Susan Porter Case number (if known)

| 24. | Has any governmental unit notified you that y ■ No  | ou may be liable or potentially liable (                                   | under or in violation of an environme                            | ental law?         |
|-----|---|--|--|--------------------|
|     | Yes. Fill in the details.   |  |  |                    |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)                        | Governmental unit Address (Number, Street, City, State and ZIP Code)       | Environmental law, if you know it                                | Date of notice     |
| 25. | Have you notified any governmental unit of ar   | ny release of hazardous material?  |  |                    |
|     | ■ No □ Yes. Fill in the details.  |  |  |                    |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)                        | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it                                | Date of notice     |
| 26. | Have you been a party in any judicial or admir  | nistrative proceeding under any enviro                                     | onmental law? Include settlements a                              | and orders.        |
|     | ■ No □ Yes. Fill in the details.  |  |  |                    |
|     | Case Title Case Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | Nature of the case   | Status of the case |
| Par | 11: Give Details About Your Business or Co  | onnections to Any Business   |  |                    |
| 27. | Within 4 years before you filed for bankruptcy  | , did you own a business or have any                                       | of the following connections to any                              | / business?        |
|     | ☐ A sole proprietor or self-employed in a   | a trade, profession, or other activity, e                                  | either full-time or part-time                                    |                    |
|     | ☐ A member of a limited liability compar  | ny (LLC) or limited liability partnership                                  | (LLP)  |                    |
|     | ☐ A partner in a partnership  |  |  |                    |
|     | ☐ An officer, director, or managing exec  | utive of a corporation   |  |                    |
|     | ☐ An owner of at least 5% of the voting of  | or equity securities of a corporation                                      |  |                    |
|     | ■ No. None of the above applies. Go to Par  | rt 12.   |  |                    |
|     | ☐ Yes. Check all that apply above and fill in   | the details below for each business.                                       |  |                    |
|     | Business Name Daddress  | Describe the nature of the business  | Employer Identification number<br>Do not include Social Security |                    |
|     |   | Name of accountant or bookkeeper   | Dates business existed   | number of fine.    |
| 28. | Within 2 years before you filed for bankruptcy institutions, creditors, or other parties. | r, did you give a financial statement to                                   | anyone about your business? Inclu                                | ude all financial  |
|     | ■ No □ Yes. Fill in the details below.  |  |  |                    |
|     | Name Address (Number, Street, City, State and ZIP Code)                                   | Date Issued  |  |                    |
|     |   |  |  |                    |

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Debtor 1 Case number (if known) Susan Porter Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Susan Porter Signature of Debtor 2 Susan Porter Signature of Debtor 1 Date October 9, 2021 **Date** Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? ■ No

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7:    | Liquidation        |
|---------------|--------------------|
| \$245         | filing fee         |
| \$78          | administrative fee |
| <u>+</u> \$15 | trustee surcharge  |
| \$338         | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$571 administrative fee \$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$78  | administrative fee |
|   | \$278 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$78  | administrative fee |
|   | \$313 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses">http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses</a>.

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/services-forms/bankruptcy/cre">http://www.uscourts.gov/services-forms/bankruptcy/cre</a> dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Form 13-8

## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

## **COURT-APPROVED RETENTION AGREEMENT** (for cases filed on or after March 15, 2021)

This agreement describes the rights and duties of debtors and their lawyers in Chapter 13 bankruptcy cases in the Northern District of Illinois. The debtor and lawyer must enter into this agreement for the lawyer to receive a flat fee of \$ 4,500.00 as compensation in the case. By signing this agreement, the debtor and lawyer agree to do everything this agreement requires.

#### DO NOT sign this agreement unless you have read it and understand it.

This agreement replaces any conflicting agreement between the debtor and the lawyer. If any provision of another agreement conflicts with this agreement, the lawyer will not be awarded a flat fee as compensation in the case.

The lawyer must perform all tasks reasonably necessary for the bankruptcy case. Performance of those tasks is a condition of receiving the flat fee. The lawyer may not charge any other fees for representing the debtor in the case. The sole exception, explained below, is representation of the debtor in certain lawsuits in the bankruptcy case known as adversary proceedings.

#### 1. Duties of the Debtor and the Lawyer

#### A. Counseling Before Filing a Bankruptcy Case

Before a bankruptcy case is filed, the debtor must provide financial and other information to the lawyer. The lawyer must evaluate the information and advise the debtor whether filing a bankruptcy case is appropriate, and if so, under which chapter of the Bankruptcy Code. The lawyer must explain the advantages and disadvantages of filing a bankruptcy case.

If filing a chapter 13 bankruptcy case is appropriate, the lawyer must explain how and when attorneys' fees will be paid.

#### **B.** Documents for the Case

The lawyer or a member of the lawyer's staff must prepare all the documents required to be filed in the bankruptcy case. The debtor must provide all information the lawyer or a member of the lawyer's staff requests to prepare the documents. Failure to provide requested information will make it difficult or impossible for the lawyer to file the case or to represent the debtor once the case is filed. The lawyer must review each document with the debtor, who must approve and sign the documents.

#### C. Representation of the Debtor throughout the Case

The lawyer must represent the debtor at the § 341 meeting of creditors and in all court hearings. The lawyer must prepare and file all motions necessary for the case and must represent the debtor on all other motions that affect the debtor's interests.

The lawyer must examine all claims creditors file in the case and must object to claims if appropriate.

The lawyer must be available to answer the debtor's questions about the case and must answer them in a timely manner.

The debtor must notify the lawyer of any significant change in the debtor's circumstances, such as the loss of a job or the proposed purchase or sale of a home or car. The debtor must also notify the lawyer of any change in the debtor's address, phone number, or email address.

If the debtor and the lawyer decide that the case should be converted to a case under chapter 7, the lawyer must file the notice of conversion.

The lawyer must file and represent the debtor in adversary proceedings for turnover of property of the bankruptcy estate.

#### 2. Attorneys' Fees and Expenses

#### A. Flat Fee for Attorneys' Fees

The lawyer may charge a flat fee for all services required in this agreement. The flat fee may not exceed the amount permitted by the court when the case is filed.

The flat fee does not cover:

- representing the debtor in adversary proceedings other than for turnover of estate property
- representing the debtor in the chapter 7 case, if the case is converted to chapter 7
- representing the debtor in appeals

The debtor and the lawyer can negotiate an additional fee for representation in adversary proceedings not included in the flat fee and for representation in a chapter 7 case if the case is converted.

#### B. Expenses

The lawyer may also charge the debtor for certain actual, necessary expenses incurred in representing the debtor as permitted in this paragraph. These expenses are in addition to the flat attorney's fees. The court must approve all expenses.

The lawyer may charge the debtor for the following expenses:

- Court filing fees
- Fees charged by a credit reporting agency for a credit report
- Copying and postage charges as follows:
  - 1. A flat fee not to exceed \$25 for all copying and postage charges in the case. The copying and postage charges need not be itemized

- 2. The actual amount of postage and copying costs (no more than \$0.10 per page) incurred in the case. The itemization must state (a) the number of copies and the dates when the copies were made, and (2) the dates and amounts of postage charges incurred.
- Fees charged by the IRS or other taxing authorities to obtain tax returns
- Other actual, necessary expenses, but only if the lawyer submits to the court an itemization of the expenses with supporting copies of invoices or other documents

The lawyer may not charge the debtor for an outside service that serves documents filed in the bankruptcy case.

#### C. Advance Payment to the Lawyer

The lawyer and the debtor must agree on whether the debtor will pay any or all of the attorneys' fee owed for the case before it is filed.

If the debtor makes a payment before the case is filed, the payment will be treated as an advance payment retainer.

The lawyer must explain to the debtor how an advance payment retainer is treated. The lawyer will not hold the retainer in a client trust account and it will become property of the lawyer upon payment. The special purpose of the advance payment retainer is that it permits the lawyer to be paid for essential work that must be performed before the court can consider the lawyer's fee application. The lawyer is not required to keep detailed time records because this is a flat fee agreement. The lawyer need not refund any portion of the advance payment if work is not performed, unless the court orders the lawyer to do so.

#### D. Payment of the Balance during the Case

Attorneys' fees not paid before the case is filed will be paid to the lawyer by the trustee out of the debtor's plan payments. The debtor may not pay the lawyer directly after the case is filed.

The debtor's Chapter 13 plan may not provide for current monthly payments to secured creditors that are other than in equal amounts. The lawyer may not file a Chapter 13 plan for the debtor in which payments to a secured creditor are set at an amount that accelerates payments to the lawyer.

#### E. Additional Fees in Extraordinary Circumstances

In extraordinary circumstances, the lawyer may apply to the court for additional compensation. The application must be accompanied by an itemization of the services rendered.

#### 3. Coverage Counsel

#### A. Disclosure of the Practice

If the debtor's lawyer has a practice of using other lawyers not employed at the same firm to perform any of the lawyer's obligations under this agreement, he must disclose that practice to the debtor before the debtor signs the agreement.

#### **B.** Identifying Coverage Counsel

If the debtor's lawyer asks another lawyer not employed at the same firm to represent the debtor at the meeting of creditors or at any court appearance, the debtor's lawyer must notify the debtor in advance and must provide the name of the lawyer who will represent the debtor.

#### C. Providing Information to Coverage Counsel

If the debtor has information to give the other lawyer for the meeting of creditors or for a court appearance, the debtor must give that information to the debtor's lawyer. The debtor's lawyer must then promptly forward the information to the lawyer representing the debtor at the meeting or in court.

#### 4. Dismissal or Conversion of the Case

If the bankruptcy case is dismissed or converted to another chapter before all plan payments have been made, the attorneys' fees paid to the lawyer are not refundable, unless the court orders the fees refunded.

If the bankruptcy case is dismissed after the court has granted the lawyer's application for compensation, the lawyer will not enforce the order granting the application against the debtor for any unpaid fees or expenses.

#### 5. Termination of this Agreement

The debtor may terminate this agreement at any time. By terminating the agreement, the debtor ends the lawyer's representation. If the lawyer has not been paid in full when the agreement is terminated, the court may reduce the balance of attorneys' fees owed based on the services the lawyer provided before termination.

If the debtor terminates this agreement and hires another lawyer, the court may apportion the flat fee between the lawyers.

The lawyer may terminate this agreement only with court approval.

The estimated expenses for the case are:

#### 6. Amount of Attorneys' Fees and Expenses

#### A. Attorneys' Fees:

The debtor agrees to pay the lawyer a flat fee of \$\_4,500.00 for the lawyer's services in the chapter 13 case.

#### B. Expenses:

|                         | T         |
|-------------------------|-----------|
| These expenses are for: |           |
| Filing Fee              | \$_313.00 |
| Credit Report           | \$_37.00  |

\$ 375.00

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|               | Postage Fees                              |               |      | \$ <b>25.00</b>    |  |
|---------------|---|---------------|------|--------------------|--|
|               |   |               |      | <b>§_0.00</b>      |  |
| C.            | <b>Total Fees and Estimated Expenses:</b> |               |      | \$ <b>4,875.00</b> |  |
|               | Advance payment by debtor:                | \$            |      | 0.00               |  |
| /s/ Susan Por | Balance owed by debtor:                   | \$<br>/s/ Jos | hua  | 4,875.00<br>Martin |  |
| Susan Porter  |   | Joshua        | а Ма | rtin               |  |
| Debtor        |   | Lawye         | r    |                    |  |
|               |   | Date:         | O    | tober 9, 2021      |  |
| Debtor        |   |               |      |                    |  |
| Date: Octo    | ober 9, 2021                              |               |      |                    |  |

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B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court**Northern District of Illinois

| In re  | Susan Porter  |   | Case No.                                |                           |              |
|--------|---|---|---|---------------------------|--------------|
|        |   | Debtor(s)   | Chapter                                 | 13                        |              |
|        | DISCLOSURE OF COMPEN  | SATION OF ATTO  | RNEY FOR D                              | EBTOR(S)                  |              |
| С      | tursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b) ompensation paid to me within one year before the filing e rendered on behalf of the debtor(s) in contemplation of  | of the petition in bankruptcy   | , or agreed to be paid                  | d to me, for services rer | ndered or to |
|        | For legal services, I have agreed to accept   |   | \$                                      | 4,500.00                  |              |
|        | Prior to the filing of this statement I have received   |   | \$                                      | 0.00                      |              |
|        | Balance Due   |   | \$                                      | 4,500.00                  |              |
| 2. Т   | The source of the compensation paid to me was:  |   |   |                           |              |
|        | ■ Debtor □ Other (specify):   |   |   |                           |              |
| 3. Т   | The source of compensation to be paid to me is:   |   |   |                           |              |
|        | ■ Debtor □ Other (specify):   |   |   |                           |              |
| 4. I   | I have not agreed to share the above-disclosed compen   | sation with any other person  | unless they are men                     | nbers and associates of   | my law firm. |
| I      | ☐ I have agreed to share the above-disclosed compensati copy of the agreement, together with a list of the name   |   |   |                           | w firm. A    |
| 5. 1   | n return for the above-disclosed fee, I have agreed to rend   | der legal service for all aspec   | ts of the bankruptcy                    | case, including:          |              |
| b<br>c | <ul> <li>Analysis of the debtor's financial situation, and rendering.</li> <li>Preparation and filing of any petition, schedules, statengeness.</li> <li>Representation of the debtor at the meeting of creditors.</li> <li>[Other provisions as needed]</li> </ul> | nent of affairs and plan which  | n may be required;                      |                           | uptcy;       |
| 6. E   | By agreement with the debtor(s), the above-disclosed fee d  | loes not include the following  | g service:                              |                           |              |
|        |   | CERTIFICATION   |   |                           |              |
|        | certify that the foregoing is a complete statement of any ankruptcy proceeding.   | agreement or arrangement for  | payment to me for                       | representation of the de  | ebtor(s) in  |
| 0      | ctober 9, 2021  | /s/ Joshua Martir   | 1                                       |                           |              |
| Do     | nte   | Joshua Martin Signature of Attorno Citizens Law Gro 3069 W. Armitag Chicago, IL 6064 312-361-3833 Fa josh@citizenslav | oup, Ltd.<br>e<br>7<br>nx: 312-638-9164 |                           |              |
|        |   | Name of law firm  |   |                           | <del>_</del> |

### **United States Bankruptcy Court** Northern District of Illinois

| In re | Susan Porter  |   | Case No.     |   |  |
|-------|---|---|--------------|---|--|
|       |   | Debtor(s)   | Chapter 13   |   |  |
|       | VE  | RIFICATION OF CREDITOR N                          | MATRIX       |   |  |
|       |   | Number o  | f Creditors: | 3 |  |
|       | The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge. |   |              |   |  |
| Date: | October 9, 2021   | /s/ Susan Porter Susan Porter Signature of Debtor |              |   |  |

Capital One Auto Finance Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

SN Servicing Corporation 323 Fifth Street Eureka, CA 95501

Us Bank Trust National Association Trust Sn Servicing Corporation 323 Fifth Street Janesville, WI